

REVISED DRAFT FRAMEWORK

June 7, 2010

Deleted: MAY 31, 2010

This framework reflects revisions requested by the BHTWG on May 12, 2010 and has been adopted by the BHTWG via unanimous vote. This document will be further modified by the BHTWG to more fully articulate tasks and responsibilities of each of the structural elements described here.

The following framework is designed to drive and sustain the integration of substance abuse and mental health at all levels of planning and service delivery, and to position the state so that it can generate stakeholder confidence, system infrastructure, and the quantitative information required to generate a regionally-focused and driven delivery service system in a manner that maximizes purchasing power, provides for the application of consistent service standards statewide, and increases accessibility.

Vision

Idaho citizens and their families have appropriate access to quality services provided through the publicly funded mental health and substance abuse systems that are coordinated, efficient, accountable and focused on recovery.

Goals

1. Increase the availability of and access to quality services.
2. Establish a coordinated, efficient state and community infrastructure throughout the entire mental health and substance abuse system with clear responsibilities and leadership authority and action.
3. Create a comprehensive, viable region or local community delivery system.
4. Make efficient use of existing and future resources.
5. Increase accountability for services and funding.
6. Provide authentic stakeholder participation in the development, implementation and evaluation of the system.

Action Strategies

Regional Behavioral Health Community Development Boards

Explore with stakeholders the opportunities afforded them by generating *Regional Behavioral Health Community Development Boards* (combine RACS, RMHBs) that features representative participation from all counties in the region, law enforcement, schools, other key stakeholders, a Consumer Subcommittee representative, a medical professional representative from the Provider Network (at the time that network is functional), and a fiscal agent for grants/potential contracts as appropriate (potentially the Public Health Districts). Ultimately, the proposed action would require legislation.

The Boards would:

- Focus on understanding and addressing substance use and mental health needs in their regions, leading the effort to integrate substance use and mental health service needs by planning for such in their communities and articulating their needs and priorities in an integrated context.
- Evaluate their community needs respective to core services/continuum of care. Using that knowledge and knowledge about the total collective funding that is available to use in their region for behavioral health services by all funders/payers, generate regionally-focused strategic plans to secure the environment and capacity they seek.
- Provide input and inform the development of the regional provider networks by articulating regional needs and priorities within the contract or contracts that outlines that regional provider network service delivery, standards and reporting requirements.
- Engage their region and communities in building capacity for community supports to help complete the continuum of care and core services available in region.
- Apply for and manage grants for community supports (peer supports, housing, any other community support that the region seeks).
- Participate in the regional provider network evaluation process and inform modifications to the regional provider network configuration and contract requirements.
- Fullfill the reporting requirements for whatever contract(s) may be managed by the Regional Board.
- Engage consumers as active and meaningful partners at the local level to inform community development and regional direction through the formal establishment of a Consumer and Family Subcommittee to the Board.

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Note: Articulate what is meant by "community," and "region" knowing that the "task" reflects on the size of the "community" and "region" it serves.

State Behavioral Health Planning Council

Expand through legislation the role of the State Mental Health Planning Council to also include substance abuse. The *State Behavioral Health Planning Council* would have a seat on the *Statewide Behavioral Health Cooperative* (see below), advocating for adults and children, collecting issues of shared concern among the Regional Boards and proposing solutions to those issues for consideration by the Cooperative as appropriate.

Statewide Behavioral Health Interagency Cooperative

Develop through legislation a *Statewide Behavioral Health Interagency Cooperative* to actively coordinate the transformation of the behavioral health system on behalf of their respective and collective consumers needs (recognizing also that they share consumers) and their respective agency requirements. This group would be activated concurrent with a sunset of ICOSA.

Comment [MB1]: BHTWG voted on July 16 to recommend to the Governor to create an Executive Order to form the cooperative.

Comment [MB2]: It was suggested at the last meeting that the Cooperative be developed through executive order to continue the existing momentum, and the group specifically recommended that this group be tasked the responsibility to collectively identify and hire the Transformation Champion and implement the systemic change required to achieve transformation.

The Cooperative would be a small, action-oriented group comprised of government entities that are purchasers and users of services, including the State Department of Education, Counties, and Executive and Judicial branches of government. A representative from the *State Behavioral Health Planning Council* would also sit on the Cooperative. Each participant on the group would assume shared responsibility to accomplish tasks that achieve transformation. The Cooperative would:

- Convene an interagency subcommittee of this group (chaired and staffed by the Transformation Champion/Project Manager described below) to effect transformation.
- Collect and share data needs and requirements and propose how data can be effectively coordinated/cross-walked across agencies (leveraging and capitalizing on good systems that exist and are under development rather than developing new). The objective is to provide each agency the confidence that their data needs can be met in an environment where funding is braided and services are contracted to meet statewide standards.
- Quantify total state funding across entities in a manner that positions payors to secure maximum purchasing power, with a goal to maximize the amount of dollars going into services.
- Share funding information on a regional scale with regional boards so that they can provide informed input about their needs and priorities within the context of an environment.
- Participate in a braided funding scenario where services are contracted to meet consistent standards.
- Articulate and collect the various needs and requirements of the various payers and users of behavioral health services to ensure they are being met through the transformation structure and that they can honor their respective reporting requirements. Use the shared information to identify opportunities for efficiencies and coordination.
- Confirm a shared understanding of service standards developed by DHW, which operates as a guarantor of care and who will monitor for performance based on consistent service standards statewide.
- Purchase services through the Regional Provider Networks through a contractual arrangement which articulates shared service standards, collects and shares system-wide data, meets reporting requirements of state and federal funding entities, maximizes purchasing power, secures the best outcomes for the family and consumer.

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Note: Medicaid's involvement in the Cooperative is assumed in the description of participants. Because its significance was mentioned repeatedly during the May 12 meeting, this note is provided to emphasize that specific intent.

Comment (post 5/13): We have not had a full discussion on legislative involvement at this level, although we know the group will be operationally/task oriented. Need to ask/investigate the role and involvement of the legislature in the new BHIC or on the SBHPC.

Transformation Champion/Project Manager

A *Transformation Champion/Project Manager* who reports directly to the Governor either as part of the Governor's staff or through an office dedicated to coordinating and achieving the transformation of the behavioral health system on behalf of the regional boards and entities funding and using behavioral health services. This individual would have responsibility and authority for the daily, operational activities of transformation and would support, staff and chair the coordinated transformation work of the *State Behavioral Health Interagency Cooperative*. The Champion's would bring skills to include:

- Being a systems thinker with meaningful understanding of the service delivery system
- Having contractual/fiscal understanding
- Being a highly skilled project manager
- Having a sensitivity for local, human service, and judicial needs, systems and challenges
- Being a problem solver

The Transformation Champion would have the confidence, trust, credibility and respect of all entities on the cooperative and the regions and have the capacity to ensure their equal and equitable participation in the transformation process. It would be the Champion's responsibility to:

- Focus exclusively on managing and achieving the transformation vision and goals and implementing the BHTWG and Collaborative strategies
- Support and see to completion the responsibilities of the Cooperative, with the specific objective to generate a regionally-focused and driven delivery service system in a manner that maximizes stakeholders' purchasing power, provides for the application of consistent service standards statewide, and increases accessibility.
- Facilitate regional empowerment while honoring entity and agency roles, responsibilities and accountabilities
- Ensure the inputs and requirements of the regional boards and the collaborative are effectively used to guide the development of regional provider networks which deliver services with consistent standards.
- Coordinate the development of a statewide contract or series of regional contracts in a manner that reflects regional priorities and meets agency accountability and reporting requirements.

Comment (post 5/13): Perhaps the Transformation Champion could/should chair the Behavioral Health Implementation Committee.

Guarantor of Care

The *Department of Health and Welfare* would continue to assume its responsibility as the *Guarantor of Care* and for quality assurance by helping the state to situate itself in preparation for generating a service delivery system with consistent service standards statewide for use in a braided funding environment. The Guarantor would manage for evidence and outcome based performance measures required of providers participating regional provider networks. DHW would

Comment [MB3]: At the last meeting it was the prevalent opinion of the group to have the Cooperative explore and secure the Transformation Champion on the system's behalf.

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- Articulate standards of service with statewide applicability.
- Articulate and monitor for performance measures.
- Generate and implement a provider certification process.
- Explore and if possible secure a Medicaid Waiver.
- Facilitate the data reporting process to enable the regional boards to respond/adjust at a regional level and to confirm others needs are being met as contracted.
- Ensure that these requirements are met through the contractual arrangement(s) and requirements of the Regional Provider Networks

What is the/how do we articulate the relationship between the Transformation Champion and the Guarantor of Care? How do we reflect this on the visual?

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Regional Provider Networks

This framework is specifically designed to support Regional Provider Networks which offer services which meet consistent standards statewide and are paid through a braided funding environment to maximize purchasing power in a manner that makes the most possible money available to service delivery. Each Regional Provider Network would be characterized by the regional needs and priorities as articulated by the Regional Boards and would be a component of the array of core services each region works to develop. The Regional Provider Networks would:

- Provide outcomes/evidence based services.
- Provide for an array of the core services funded through the braided funding environment.
- Be a partner in the community working to foster a strong, community based resource.
- Have a medical professional representative participate on the Regional Board .
- Be incentivized for providing quality/community based care.
- Meet the requirements of the contract under which the Regional Provider Networks are authorized and formed.